

**CARROLL COUNTY HEALTH DEPARTMENT**  
**BUREAU OF ENVIRONMENTAL HEALTH**  
290 South Center Street  
Westminster, Maryland 21157



**Public Health**  
Prevent. Promote. Protect.

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## Vendor Form

Applicant's Name: \_\_\_\_\_

Applicant's Home Phone Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Do you have a Food Service Facility License in the State of Maryland? \_\_\_\_ Yes \_\_\_\_ No

Name of Event: \_\_\_\_\_

Date(s) of Event: \_\_\_\_\_

Location of Event: \_\_\_\_\_

Sponsoring Organization: \_\_\_\_\_

I do hereby make application to operate a stall or stand under the temporary Food Service Facility License issued too the above-noted sponsoring organization. In making this application, I agree to comply with all pertinent Health Department regulations.

The foods and equipment I intend to use are as follows:

### Foods

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Equipment

Hand-washing facility with soap and disposable towels

3-pan dishwashing set-up with soap and water, rinse water, and sanitizer water (Separate from hand-washing station)

Food Thermometer(s) and Disposable Gloves

Cooking Equipment: \_\_\_\_\_

Hot Hold Equipment: \_\_\_\_\_

Cold Hold Storage: \_\_\_\_\_

Other: \_\_\_\_\_

**Fee \$15**

Paid \_\_\_\_\_

Date \_\_\_\_\_

Vendor's Signature \_\_\_\_\_

**\*\*All foods must be prepared the day of the event. No foods may be cooled under temporary license\*\***

**\*Food must be prepared and stored at event location or a licensed approved food service facility.**

